



Denturist Licensing Board of Nova Scotia

RE-OPENING PLAN FOR DENTURE CLINICS

COMPREHENSIVE CARE STAGE 3

Updated March 4, 2022

Effective March 7, 2022

**Denturist Licensing Board of Nova Scotia
Reopening Protocols on Return to Practice**

These Guidelines are current as of March 7, 2022 and will be updated and modified as needed.

Pursuant to the announcement of then Premier Stephen McNeil on May 27, 2020, effective **June 19, 2020**, all dental offices in Nova Scotia were authorized to provide Phase 3 **comprehensive** (emergent, urgent and non-urgent) dental treatment in their offices while following the provisions outlined in this document.

The following information is for registrants to use as a resource.

IMPORTANT: In addition to appropriate clinical judgment, Registrants are free to maintain additional measures they deem appropriate when making decisions to provide oral health treatment.

This is a fluid document that will be updated/modified as new evidence-based information becomes available.

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1.0 Procedures

1.1 Aerosol Generating Events (AGE's) and Non-Aerosol Generating Events Non-AGEs)

Aerosol generating procedures (AGPs) are procedures which can generate aerosols that consist of small droplet nuclei in high concentration and present a risk for airborne transmission of pathogens that would not otherwise be spread by the airborne route (e.g., Coronavirus, influenza). These types of procedures are thought to be associated with a higher risk of disease transmission in COVID-19 positive patients. Additional precautions, as outlined in this document, must be taken when performing AGPs. Examples of AGPs in dentistry would include the use of (a/an):

AGEs should be avoided whenever possible. Examples of AGE's would include the use of:

- High Speed Handpiece
- Slow Speed Handpiece/ Bench Lathe
- Patient Sneezing, Coughing, or Gagging
- Ultrasonic

Non-aerosol generating procedures (NAGPs) have a lower likelihood of generating aerosols

1.2 Additional Considerations for all Procedures

- Follow the proper donning and doffing of PPE (Appendix A)
- Consider using pre-procedural mouth rinses (PPMRS)

2.0 Procedures Before Appointment

- Promote physical distancing between patients.
- Remove all magazines/toys etc. from waiting area to prevent contamination; and
- Arrange seating in waiting room to allow for physical distancing of 2m
- Patients must wear a non-medical mask to their appointment or be provided with a mask (non-medical or surgical) when they arrive.

Pre-Screening

Patients **must** be pre-screened via remote communications, at a minimum, prior to entering the clinic on the day of the appointment. This is important to protect both patients and DHCPs from possible virus transmission. Pre-screening questions must include COVID-19 symptoms, underlying medical risk factors, and the nature of the chief complaint.

2.1 COVID-19 Symptoms

In the past 48 hours have you had, or are you currently experiencing:

- i. Either of the following:

- A fever or fever like symptoms (measured temperature greater than 38.0) or fever like symptoms: chills or sweats; **or**
- A new or worsening cough.

OR

ii. **Two** or more of the following symptoms (new or worsening):

- Sore throat;
- Nasal Congestion/Runny nose;
- Headache; and,
- Shortness of breath.

2.2 Symptoms Present or patient is required to isolate for any reason

This is indicated by a patient having:

- A fever (greater than 38°C) or fever like symptoms: chills or sweats OR a new or worsening cough OR two or more of the following symptoms (new or worsening) sore throat, runny nose/nasal congestion, headache, shortness of breath.

If the patient fails the screening **and** has not been tested for COVID-19, instruct the patient to complete an online assessment (<https://covid-self-assessment.novascotia.ca/en>) or, if unable to, call 811 to arrange for testing. Similarly, if the patient screens positive, **treatment should be deferred unless it is a true dental emergency**. If it is not a true dental emergency, the patient should be managed pharmacologically until such time as their COVID-19 status is known.

Patients who **inform you they are required to isolate, or** who screen positive for symptoms and are assessed and found to have a true dental emergency, should be referred to a facility that has the infrastructure to provide dental care using airborne precautions (i.e., operatories with floor to ceiling walls and doors, appropriate negative pressure ventilation, and PPE).

All border restrictions for domestic travellers entering Nova Scotia have been lifted as of Monday February 14, 2022. As of that date, there will be no isolation requirements or Nova Scotia Safe Check-in form. International travelers will continue to follow federal rules, the details of which can be found [here](#).

Up-to-date information on the isolation requirements for close contacts can be found on the Nova Scotia Health website [here](#).

2.3 Management of Patients Who Have Had COVID-19

People with COVID-19 who have ended home isolation can receive comprehensive dental care. In Nova Scotia, discontinuation of home isolation for patients with COVID-19 occurs at the direction of NS Public Health, the guidelines for which can be found [here](#).

Absence of a cough is not required for those known to have a chronic cough or for those who are experiencing reactive airways post-infection.

Clients who have tested positive for COVID-19 and have not yet ended home isolation should not be treated unless life threatening, and if so, they should be referred to the appropriate centre that can provide the necessary care using **airborne precautions**.

2.3 Daily Assessment for Office/Clinic Staff

All DHCPs and other staff should perform daily COVID screening using the same symptoms list for patients (see Appendix B). DHCPs and staff who develop a fever (greater than 38°C) or fever like symptoms: chills or sweats OR a new or worsening cough OR two or more of the following symptoms (new or worsening) sore throat, runny nose/nasal congestion, headache, shortness of breath, as outlined in Appendix B must exclude themselves from the workplace and contact 811. DHCPs and staff who are required to isolate must exclude themselves from the workplace until cleared following criteria specific to Health Care Workers, as applicable. Consider using a chart to record the screening results (see Appendix B). If a member of the office tests positive for COVID-19, they must remain out of the workplace until determined to be recovered by Public Health.

Important Note: Answering “yes” to a screening question does not necessarily mean a staff member fails that question. It is up to the office/practitioner to question further and apply the criteria set out by [government](#).

3.0 During the Appointment

It is recommended that denturists carefully manage patient and staff flow. This includes the following:

- Have patients notify your office once they have arrived and direct them when it is appropriate to enter the clinic.
- It is acceptable to use waiting rooms if social distancing measures are enforced.
- Review screening questions prior to allowing patients entry into the clinic.
- Accompanying individuals should wait outside of the office (exception being a legal guardian or a caregiver, who should also be screened).
- Ensure that the patient washes their hands or uses hand sanitizer upon initial entry to the office and proceeds directly to the operatory if possible. All staff providing direct patient care or working in patient care areas must wear a surgical mask at all times and in all areas of the workplace. This includes involvement in direct patient contact and in cases where they cannot maintain adequate physical distancing (2 meters) from patients and co-workers.
- Any staff not working in patient care areas (e.g., receptionists) or who do not have direct patient contact must wear a mask (surgical or non-surgical) at all times in the workplace even if a physical barrier (e.g., plexiglass) is in place.
- Use of staff common areas (e.g., staff rooms) must be scheduled to enable staff to maintain physical distancing.
- Inside the treatment area, remove all non-essential items for direct patient care.
- Have the patient wash their hands (or use hand sanitizer) before they leave the office.

- Record contact information for patients and any individual who may accompany the patient to the appointment.

4.0 After the Appointment

- Try to have paperwork completed before the patient arrives at reception.
- Choose a touchless payment method, if possible
- After the patient leaves, disinfect all patient contact services, including coat hangers, doorknobs, etc.
- Inform patients to notify the office if they develop signs/symptoms of COVID-19 within 48 hours following the appointment.

4.1 Patient Follow-Up

Even when DHCP screen for respiratory infection, inadvertent treatment of a patient who is later confirmed to have COVID-19 may occur. To address this, staff should request that the patient inform the dentist clinic if they develop symptoms or are diagnosed with COVID-19 within **2 days** following the appointment.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-settings.html#Management>

5.0 Personal Protective Equipment

Historically, the use of personal protective equipment (PPE) in dentistry was intended to protect DHCPs against bloodborne pathogens. Use of PPE only forms part of our profession's standard precautions, formerly known as universal precautions. **Standard precautions** now include:

- Hand hygiene;
- Use of PPE;
- Respiratory hygiene/cough etiquette;
- Sharps safety;
- Safe injection practices; and
- Clean and disinfect environmental surfaces.¹

When a pathogenic outbreak occurs within a community or health care facility, transmission-based precautions should be implemented in addition to standard precautions. **Transmission based precautions include contact, droplet, and airborne precautions depending on the route of transmission of the pathogen.** ² Some pathogens such as SARS-Cov2, which causes the disease known as COVID-19, are spread primarily via droplets but may also be transmissible via airborne/aerosol spread. In dentistry, the latter occurs primarily during an AGP. **Research is currently ongoing to determine the relationship between AGPs and transmission of the COVID-19 virus. Until such studies have been completed, transmission- based precautions should be implemented in addition to standard precautions. This will ensure the safety of the public and of DHCPs.**

Dental health care professionals must always use appropriate PPE, particularly during a global pandemic such as COVID-19. PPE requirements differ based on the health status of the patient, as well as the nature of the procedure (AGE vs non-AGE). There are several types of PPE recommended to mitigate risk during the provision of dental care. These include eye/face protection (goggles, face shields, safety glasses), respiratory protection (surgical masks, fit tested respirators), gowns (disposable, reusable) and gloves.

5.1 Eye/Face Protection

Eye protection has always been recommended as part of standard precautions for the practice of dentistry. Goggles and/or face shields are recommended to be used when treating patients during the global COVID-19 pandemic. They must be used for treating all patients, regardless of the type of procedure being performed (AGP vs. NAGP). Goggles have the advantage of forming a protective seal around the eyes, which prevents droplets from entering around or under them. The disadvantages of goggles are that they do not provide splash or spray protection to other areas of the face, they tend to fog, and they may become uncomfortable with extended use.^{3,4}

The advantages of face shields are that they provide a barrier for the entire face to aerosols, droplets, and splatter; they are more comfortable; and they are easy to don and doff. The disadvantage of face shields is that they lack a peripheral seal. There are different types of face shields which may be used depending on the clinical situation. For instance, a full-face shield would be indicated during an AGP, whereas a visor attached to a surgical mask would be considered acceptable for NAGPs. The CDC suggests that the bare minimum for eye protection is safety glasses that have extensions to cover the side of the eyes, but these should only be used if access to a higher level of protection is not available.

It is at the discretion of the DHCP as to what type of eye protection they choose to wear. The important concept - regardless of whether goggles, a face shield, or a combination of both are used - is that the PPE must protect the eyes of the DHCP from splatter, droplets, and aerosols that may be generated during the provision of dental care.

Extended use of eye protection is the practice of wearing the same eye protection for repeated close contact encounters with several different patients, without removing the eye protection between patient encounters. Extended use of eye protection can be applied to disposable and reusable devices. Eye protection must be removed and reprocessed if it becomes visibly soiled or difficult to see through. If a disposable face shield is reprocessed, it should be dedicated to one DHCP and disinfected whenever it is visibly soiled or is removed. Eye protection must be discarded if damaged (e.g. the face shield can no longer fasten securely to the provider, if visibility is obscured, or if reprocessing does not restore visibility). The DHCP should take care not to touch their eye protection. If they touch or adjust their eye protection, they must immediately perform hand hygiene. The DHCP should leave the patient care area if they need to remove their eye protection.

5.2 Lab Coats/Gowns

Gowns are long-sleeved garments that are intended to be patient-specific items of protective clothing

and must be removed prior to seeing the subsequent patient. Gowns are worn over regular clinic clothing, such as uniforms or scrubs, during AGPs or during procedures likely to generate splatter or droplets of blood, body fluids, secretions, or excretions. Gowns can be disposable and made of synthetic fibre or a washable cloth gown. If resources are limited and disposable PPE items are not available, use reusable items (e.g., disinfectable cotton gowns or lab coats) and disinfect properly after each use.^{5, 6, 7}

5.3 Masks and Respirators (N95)

Surgical masks, also known as medical masks, are affixed to the head with straps and cover the user’s nose and mouth. They provide a physical barrier to fluids and particulate materials. The mask is considered a device by the FDA when it is intended for medical use and meets certain fluid barrier protection standards and Class I or Class II flammability tests. **ASTM level 1, 2, and 3 masks all satisfy that definition.** Cloth or homemade masks do not meet the definition of a surgical mask and are not considered PPE. A table outlining the ASTM standards is provided below. The main difference between ASTM levels is their resistance to penetration by synthetic blood at different velocities to simulate different types of bleeding.

Table 1: ASTM Standards - Designation: F2100 – 19 Standard Specification for Performance of Materials Used in Medical Face Masks

Characteristic	Level 1 Barrier	Level 2 Barrier	Level 3 Barrier
Bacterial filtration efficiency, %	≥95	≥98	≥98
Differential pressure, mm H ₂ O/cm ²	<5.0	<6.0	<6.0
Sub-micron particulate filtration efficiency at 0.1 micron, %	≥95	≥98	≥98
Resistance to penetration by synthetic blood, minimum pressure in mm Hg for pass result	80	120	160
Flame spread	Class 1	Class 1	Class 1

Surgical masks are not designed to provide a seal and do not prevent leakage of air around the edge of the mask during breathing. This is a major limitation for protection against small-particle aerosols (droplet nuclei) when compared to respirators. Respirators include filtering facepiece respirators (FFR), such as N95s, elastomeric half-face respirators, and powered air purifying respirators (PAPRs).

Commercial and surgical grade N95 respirators are of similar structure and design. Both types of respirators should comply with NIOSH standards. However, only the surgical grade N95 will comply with both NIOSH and FDA standards. The main difference between the two grades is that commercial N95 respirators are not tested for fluid resistance of any type. Therefore, surgical grade respirators are preferred for patient care.

There are several classes of filters for NIOSH-approved filtering facepiece respirators. Ninety-five percent is the minimal level of filtration that will be approved by NIOSH. Examples include N95, Surgical N95, N99,

N100, R95, R99, P95, P99, and P100. The N, R, P designations refer to resistance to oil which is not applicable to dentistry and is different than resistance to fluid. Always check to ensure that your respirator is fluid resistant, and, if it is not, create fluid resistance by adding a surgical mask or full-face shield as mentioned above.

If surgical N95 respirators are not available and there is a risk that the worker may be exposed to high velocity droplets or splatters of blood or body fluids, a face shield or surgical mask must be worn over the commercial N95 respirator to provide the fluid resistance necessary. NIOSH and FDA standards are recognized by Health Canada. During the pandemic times, with limited supply of PPE, non-NIOSH respirators produced in other countries with similar standards have been deemed acceptable by the CDC.

See link below for a list of acceptable alternatives (P2, P3, PFF2, PFF3, KN/KP95, KN/KP100, FFP2, FFP3, DS/DL2, DS/DL3, Special, 1st) <https://blogs.cdc.gov/niosh-science-blog/2020/04/23/imported-respirators/>. If commercial respirators are used as an alternative to NIOSH-approved N95 respirators, they must be fit-tested and used with a face shield or surgical mask to protect against fluid penetration.^{8, 9, 10, 11}

Table 2: Adapted from: World Health Organization. "Rational use of Personal Protective Equipment for Coronavirus Disease 2019 (COVID-19)." (February 27, 2020):

Setting	Staff	Patients Procedure/Activity	Type of PPE
Patient room	Dental Health Care Provider (DHCP)	Providing direct care (NAGP)	Surgical mask* ^{9,10,11} Eye/Face protection ^{3,4} Protective clothing (e.g. scrubs) Gloves
		Aerosol-generating procedures (AGP)	Fit tested N95 respirator or the equivalent (as approved by Health Canada) OR surgical mask AND face shield ^{9,10,11} Eye/Face protection ^{3,4} Gown/lab coat ^{5,7,12} Gloves
	Disinfecting treatment rooms for NAGPs		Surgical mask* ^{9,10,11} Eye/Face protection Protective clothing (e.g. scrubs) Gloves
	Disinfecting treatment rooms for AGPs		Surgical mask* ^{9,10,11} Eye/Face Protection ^{3,4} Protective clothing (e.g. scrubs) Gloves
	Visitors	No visitors during AGPs **	Non-Surgical or Surgical Masks
Reception	Front office staff	Arrival screening	Non-Surgical or Surgical Masks* ^{9,10,11} , Maintain spatial distance of at least 2m

*ASTM I, II or III

**exception being a legal guardian or a caregiver, who should also be screened; and must then wear the PPE identified under the AGP row of this Table.

5.4 Masks and Respirators for AGP's

Dental healthcare providers use:

- a fit-tested N95 respirator (or Health Canada approved alternative) or
- surgical mask AND face shield

5.5 Facility Requirements

At present, the DLBNS does not require dental practices to make major infrastructure changes, changes to existing office designs (i.e. floor to ceiling walls and doors).

The DLBNS does suggest placing a transparent barrier (plexiglass/plastic) at the reception desk to ensure separation between staff and patients during transactions, or that you ensure that reception staff wear a surgical mask.

Ventilation is a common control for preventing exposure to toxic material. Well-designed and well-maintained ventilation systems can remove toxic vapours, fumes, mists or other airborne contaminant from the workplace preventing staff exposure. Effective ventilation can reduce airborne hazards. Use of high evacuation ventilation is strongly recommended as a best practice.

For waste with potential or known COVID-19 contamination, manage like any other general or sharps waste. COVID-19 is not a Category A infectious substance. Follow the waste management guideline in your region for COVID-19.

A physical distance of at least two meters should be maintained in the handling of packages. Consider contactless shipping and receiving methods such as leaving the package on a door step. If physical distancing cannot be maintained, proper PPE (i.e., surgical/procedure masks and gloves) should be worn. Dispose of all single-use shipping materials (e.g., plastic bags) that have contacted the received items. If the items are reusable, properly disinfect (whenever possible sterilize) them according to manufacturer's instructions. As a precautionary measure, treat all received items as contaminated. Increased caution should be used when handling items that have had direct patient contact. These items must be thoroughly disinfected or sterilized, as appropriate, before proceeding. Clean and disinfect the area for receiving incoming cases immediately after decontamination of each case. Clean and properly disinfect (whenever possible sterilize) items before sending them out. Package and label to indicate "cleaned".

5.6 Safe Management of Linen (Laundry)

All linen used in the direct care of patients should be managed as 'infectious' linen. Linen must be handled, transported, and processed in a manner that prevents exposure to the skin and mucous membranes of staff and contamination of their clothing and the environment. Disposable gloves and a gown or apron should be worn when handling infectious linen. ^{13,14,}

Single bags of sufficient tensile strength are adequate for containing laundry, but leak-resistant Containment is needed if the laundry is wet and capable of soaking through a cloth bag. Bags containing contaminated laundry must be clearly identified with labels, color-coding, or other methods so that staff responsible for laundry can handle these items safely. Those bags used should be disposed of into the normal waste stream.

Laundry services for healthcare facilities are provided either on or off-premises using the following protocol:

- separately from other linen
- in a load not more than half the machine capacity; and
- at the maximum temperature the fabric can tolerate, then ironed or tumbled-dried.

DHCPs must change into and out of uniforms at work and not wear them outside the office.

6.0 Infection Prevention and Control Protocols

6.1 Considerations

- We recommend reviewing the NSDA IPAC document prior to returning to practice. (<https://nsdental.org/wp-content/uploads/2019/01/ClinicalResource-20181204-NSDA-InfectionPreventionControl.pdf>)
- Ensure that cleaning staff are fully versed in the enhanced cleaning protocol for COVID-19 (refer to PPE table).
- Regularly disinfect high-touch surfaces in the front desk area, waiting room, and staff room using a Health Canada approved disinfectant. (<https://www.canada.ca/en/health-canada/services/drugs-health-products/disinfectants/covid-19/list.html>).
- Emphasize hand hygiene as an important measure for preventing the transmission of microorganisms. Hand hygiene can be performed using soap and running water or a hand sanitizer. The minimum time for hand washing is 20 seconds. For alcohol-based hand sanitizers, follow the minimum times recommended by the manufacturer.
- When placing instruments in an ultrasonic cleaner prior to the sterilization process, the lid must be kept on the unit to ensure that aerosols are not created.
- All DHCPs must practice social distancing when possible.
- Do not store disposables, supplies, gauze, tissue, and local anaesthetic in open areas of the treatment room. Clear the treatment areas of all items other than those necessary to carry out the treatment.
- Upon return to practice, waterlines must be purged by flushing them thoroughly with water for at least 2 minutes at the beginning of each day and for 30 seconds following each patient. Before purging is carried out, handpieces and air/water syringe tips must be removed from the waterlines.

6.2 Long Term Care Facilities and In-Home Care

Ensure that all protocols outlined in the guidelines for PPE as well as physical distancing are adhered to, when possible, and that appropriate screening for COVID-19 symptoms are carried out.

For example, if the patient is in a single-family dwelling, apartment, or relative's home, ensure that you obtain all of the necessary details to ensure that you can provide safe and effective care. Examples of considerations are below:

- Determine where the patient is located in the home in relation to any facilities you require, e.g., ready access to clean handwashing facilities.
- Determine the likelihood that you will need to provide services that generate AGPs. If so, ensure that your plan encompasses how you will protect the patient's furniture and other personal items from these aerosols (within the 6-foot radius).
- Are there other individuals in the house? Will they be in the home at that time? Do they need to provide assistance to you/the patient when you're providing care?

If you are providing care to a bedridden patient in a long-term care facility, or other community-based facility, **contact the facility directly to confirm that you are able to provide care.** Request a copy of their site-specific work plan prior to the visit. Typically, third party providers, including denturists, will be required to provide evidence that there is a written plan that will meet the facility's standards, in addition to the Denturist protocols. In addition to the above, you may need to determine if the patient is in a private, semi-private, or four-person room; does a staff member need to be with the patient while you're providing care?

7.0 References

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Appendix B: COVID-19 Self-Screening Tool (Updated March 7, 2022)

If DHCPs or office staff have any of the following **new or worsening** signs or symptoms, or they are required to isolate, they must exclude themselves from work and they must complete the [online assessment](#), or contact 811, and arrange for COVID-19 testing. Throughout the shift, each individual is to monitor and if any symptoms develop during the shift, they are to exclude themselves from work at that time.

NAME: _____

DATE: _____

COVID-19 Signs and Symptoms

Signs or Symptom	Yes or No
In the past 48 hours, had or is currently experiencing one of the following symptoms	
Unexplained Fever (> 38 deg C)	
A new or worsening cough	
OR Two or more of the following symptoms (new or worsening)	
Sore throat	
Runny nose/nasal congestion	
Shortness of breath	
Headache	
Required to isolate for any reason?	